

Unobligated Funds Carry-Over Request Example

Place on state stationery and remember to include award number and dual signatures.

Name of current GMO
Grants Management Officer
Procurement and Grants Office
2920 Brandywine Road, Suite 3000
Mail stop E-18
Atlanta, GA 30341

Re: Cooperative Agreement U58/CCU _____
Program Announcement 03022
Component 5—Arthritis
Request to Use Carry-Over Funds

Dear _____:

A Financial Status Report submitted for year ____ in response to the cooperative agreement award listed above reflects an unobligated amount of _____. This amount was not obligated for the following reasons:

<Examples>

- 1) <\$10,000 was unobligated in personnel due to a hiring freeze and our inability to fill the epidemiologist position.>
- 2) <\$5,000 was unobligated in contractual due to a delay in contract processing.>

This letter is to request the use of these unobligated funds. If approved, the funds will be used to support the ongoing activities of our cooperative agreement. Below is an itemized budget with justification that describes the scope of work and responsibility relating to the accomplishments of program objectives. The budget below reflects the amount of carry-over requested, not the budget for the entire award amount.

A. Personnel				Total \$
	<i>Position Title and Name</i>	<i>Annual Time</i>	<i>Months</i>	<i>Amount Requested</i>
B. Fringe Benefits				Total \$
C. Consultant Costs (NTE \$500 per day)				
1.	<i>Name of Consultant.</i>			
2.	<i>Organizational Affiliation (if applicable).</i>			
3.	<i>Nature of Services To Be Rendered.</i>			
4.	<i>Relevance of Service to the Project.</i>			
5.	<i>The Number of Days of Consultation (basis for fee).</i>			
6.	<i>The Expected Rate of Compensation (travel, per diem, other related expenses)—list a subtotal for each consultant in this category.</i>			

D. Equipment

Provide justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the "Other" category.

E. Supplies

Total \$

F. Travel

Dollars requested in the travel category should be for **staff travel only**. Travel for consultants should be shown in the consultant category. Travel for other participants, advisory committees, review panel, etc., should be itemized in the same way specified below and placed in the "Other" category.

Sample Budget

Travel (in state and out of state)

Total \$_____

In-state travel:

1 trip x 2 people x 500 miles r/t x .27/mile	=	\$ 270
2 days per diem x \$37/day x 2 people	=	\$ 148
1 nights lodging x \$67/night x 2 people	=	\$ 134
25 trips x 1 person x 300 miles avg. x .27/mile	=	\$ 2,025

Total \$ 2,577

Sample Justification

The Project Coordinator will travel to (location) to attend state Arthritis Coalition meeting. The Project Coordinator will make an estimated 25 trips to local sites to monitor intervention program implementation.

Sample Budget

Out-of-state travel:

1 trip x 1 person x \$500 r/t airfare	=	\$500
3 days per diem x \$45/day x 1 person	=	\$135
1 night's lodging x \$88/night x 1 person	=	\$ 88
Ground transportation 1 person	=	\$ 50

Total \$773

G. Other

Total \$_____

Telephone

(\$ ___ per month x ___ months x # staff) = \$ Subtotal

Postage

(\$ ___ per month x ___ months x # staff) = \$ Subtotal

Printing

(\$ ___ per x ___ documents) = \$ Subtotal

Equipment Rental (describe)

(\$ ___ per month x ___ months) = \$ Subtotal

Internet Provider Service
(\$___ per month x ___ months) = \$ Subtotal

Sample Justification

Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If not, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

H. Contractual Costs

1. Name of Contractor.
2. Method of Selection.
3. Period of Performance.
4. Scope of Work.
5. Method of Accountability.
6. Itemized Budget and Justification.

Indirect Costs

\$ _____

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the Federal agency.

If you have any questions in regarding this request, please contact me at _____.

Sincerely,

_____/s/
Principle Investigator/Director

_____/s/
Business Official